

2000 EPA Clean Water Needs Survey

State Water Resources Control Board

Division of Clean Water Programs

Wastewater Collection, Treatment, and Disposal Facilities

Responsible Entity

Agency Name: _____

Address: _____ County: _____

Contact Person: _____ Phone: _____

Project Information

Please copy this form and complete all pertinent information for each proposed project

Project Descr./Name: _____

Documentation Title: _____

Engineer's Estimated Project Cost: \$ _____ Document Page Number: _____

Facility Types and Changes

Draw a line(s) from the appropriate Facility Type to the Proposed Changes.

<u>Type of Facility</u>	<u>Proposed Changes</u>
Treatment Plant	No Change
Collection: Combined Sewers	New
Collection: Separate Sewers	Abandon
Decentralized Treatment Syst.	Increase Capacity
Individual On-site System Area	Increase Level of Treatment
Biosolids Handling Facility	Rehabilitation
Other: _____	Replacement
	Process Improvement
	Instrumentation/Electrical/Lab

Population

Resident	Present	Future
# Not Receiving Collection:	_____	_____
# Receiving Collection:	_____	_____
Non-Resident		
# Not Receiving Collection:	_____	_____
# Receiving Collection:	_____	_____

Note: # not receiving collection describes the total population within the service area of the facility who are not connected to the sewer system and are not served by acceptable individual on-site treatment systems (e.g. septic tanks)

Flow

	Existing	Present Design	Future Design
Municipal Flow (mgd):	_____	_____	_____
Industrial Flow (mgd):	_____	_____	_____
Infiltration/Inflow (mgd):	_____	_____	_____
Peak Wet Weather (mgd):	_____	_____	_____

Note: Flow information is only needed if Treatment Plant, Decentralized Treatment Syst., or Other is chosen above.
mgd = million gallons per day

Effluent

Present Design Effluent (Circle One):	Primary	Secondary	Tertiary			
Projected Design Effluent (Circle One):	Primary	Secondary	Tertiary			
	Existing Influent	Existing Effluent	Present Design Influent	Present Design Effluent	Future Design Influent	Future Design Effluent
BOD ₅ (mg/L):	_____	_____	_____	_____	_____	_____
TSS (mg/L):	_____	_____	_____	_____	_____	_____
Present Nutrient Removal:	Yes	No	Projected Nutrient Removal:		Yes	No

Note: Effluent information is only needed if Treatment Plant, Decentralized Treatment Syst., or Other is chosen above.

Discharge

Discharge Method	Discharge Location
_____	_____
_____	_____
_____	_____

Note: Discharge information is only needed if Treatment Plant, Collection: Combined Sewers, or Collection: Separate Sewers is chosen above.

Permit Information

NPDES Permit No.: _____

Type (circle all that apply): **Discharge** **Combined Sewer Overflow**

Note: Permit information is only needed if the discharge method is outfall to surface waters, ocean discharge, and/or overland flow with discharge.

If you have any questions, please contact:

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